

Guidelines on dental records



Introduction

These guidelines have been developed by the Dental Board of Australia under s. 39 of the *Health Practitioner Regulation National Law Act 2009* (the National Law).

The relevant sections of the National Law are attached.

Who needs to use these guidelines?

These guidelines are developed to provide guidance to dental practitioners or those seeking to become registered in the dental profession. It applies to all dentists, dental prosthetists, dental hygienists, dental therapists, dental specialists and oral health therapists.

These guidelines address how dental practitioners should maintain dental records.

Summary

Dental practitioners must create and maintain dental records that serve the best interests of patients, clients or consumers and that contribute to the safety and continuity of their dental care. These guidelines describe the minimum requirements for dental records whether they are in paper-based or electronic form.

Dental records

1 Behaviours

- 1.1 Dental practitioners have a professional and legal responsibility to:
 - a). keep as confidential the information they collect and record about patients, clients or consumers
 - b). retain, transfer, dispose of, correct and provide access to dental records in accordance with the requirements of the laws of the relevant States, Territories and the Commonwealth
 - c). assist patients, clients or consumers to make well-informed decisions about treatment procedures and not force treatment on patients, clients or consumers without their consent.

2 General principles to be applied

- 2.1 A dental record must be made at the time of the appointment or as soon thereafter as practicable.
- 2.2 Entries on a dental record must be made in chronological order.
- 2.3 Entries on a dental record must be accurate and concise.

- 2.4 Dental records must be understandable readily by third parties (particularly another dental practitioner). Third party access is subject to the application of the provisions of privacy legislation.
- 2.5 Dental records must be retrievable promptly when required.
- 2.6 Dental records must be stored securely and safeguarded against loss or damage including a secure backup of electronic records.
- 2.7 Dental practitioners should be aware of local privacy laws that govern the retention of records, which require retention from 7-10 years.
- 2.8 All comments must be couched in objective, unemotional language.
- 2.9 Dental practitioners should be aware of the requirements in the Board's Code of Conduct at 3.16 regarding closing a practice. The Code requires the transfer or appropriate management of all patient records in accordance with the legislation governing health records in the jurisdiction.
- 2.10 Corrections made to records must not remove the original information.
- 2.11 A treating dental practitioner must not delegate responsibility for the accuracy of medical and dental information to another person.

3 Information to be recorded

The following information forms part of the dental record and is to be recorded and maintained, where relevant:

- 3.1 Patient details
 - a). identifying details of the patient
 - b). completed and current medical history including and any adverse drug reactions
- 3.2 Clinical details
 - a). for each appointment, clear documentation describing:
 - i). the date of visit
 - ii). the identifying details of the practitioner providing the treatment
 - iii). information about the type of examination conducted
 - iv). the presenting complaint
 - v). relevant history
 - vi). clinical findings and observations

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- vii). diagnosis
- viii). treatment plans and alternatives
- ix). consent of the patient, client or consumer
- x). all procedures conducted
- xi). instrument batch (tracking) control identification, where relevant
- xii). a medicine/drug prescribed, administered or supplied or any other therapeutic agent used (name, quantity, dose, instructions)
- xiii). details of advice provided

- b). unusual sequelae of treatment.
- c). radiographs and other relevant diagnostic data; digital radiographs must be readily transferable and available in high definition digital
- d). other digital information including CAD-CAM restoration files
- e). instructions to and communications with laboratories

3.3 Other details

- a). all referrals to and from other practitioners
- b). any relevant communication with or about the patient, client or consumer
- c). details of anyone contributing to the dental record
- d). estimates or quotations of fees

Date of issue: 1 July 2010

Date of review: This guideline will be reviewed at least every three years

Last reviewed:



Attachment A

Extract of relevant provisions from the *Health Practitioner Regulation National Law Act 2009*

Division 3 Registration standards and codes and guidelines

39 Codes and guidelines

A National Board may develop and approve codes and guidelines—

- a). to provide guidance to the health practitioners it registers; and
- b). about other matters relevant to the exercise of its functions.

Example. A National Board may develop guidelines about the advertising of regulated health services by health practitioners registered by the Board or other persons for the purposes of section 133.

40 Consultation about registration standards, codes and guidelines

1. If a National Board develops a registration standard or a code or guideline, it must ensure there is wide-ranging consultation about its content.
2. A contravention of subsection (1) does not invalidate a registration standard, code or guideline.
3. The following must be published on a National Board's website—
 - a). a registration standard developed by the Board and approved by the Ministerial Council;
 - b). a code or guideline approved by the National Board.
 - c). An approved registration standard or a code or guideline takes effect—
 - d). on the day it is published on the National Board's website; or
 - e). if a later day is stated in the registration standard, code or guideline, on that day.

41 Use of registration standards, codes or guidelines in disciplinary proceedings

An approved registration standard for a health profession, or a code or guideline approved by a National Board, is admissible in proceedings under this Law or a law of a

co-regulatory jurisdiction against a health practitioner registered by the Board as evidence of what constitutes appropriate professional conduct or practice for the health profession.